

CHAPTER 5. AIR AMBULANCE OPERATIONS

SECTION 1. BACKGROUND AND DEFINITIONS

1335. INTRODUCTION. This chapter contains background information on air ambulance operations. It also contains information, direction, and guidance to be used by inspectors and principal operations inspectors (POI) when evaluating an operator's air ambulance procedures, general operations manual (GOM), or the unique requirements an operator must meet prior to being issued operations specifications paragraph A21a, "Air Ambulance—Helicopter"; or paragraph A21b, "Air Ambulance—Airplane." This chapter also contains specific crew training requirements and operational procedures for both airplane and helicopter air ambulance operations. A sequential breakdown of this chapter follows:

NOTE: Presently, the Operations Specifications Subsystem (OPSS) software will not provide the current paragraph A21, "Air Ambulance Operations." Until the software can be updated, it will be necessary for POI's to make manual revisions to the operations specifications. The guidance in volume 3, paragraph 103, is no longer valid and will be updated in a forthcoming change to 8400.10.

A. Section 1 contains general background information, such as air ambulance operations specifications, and definitions of the terms used in this chapter.

B. Section 2 contains guidance for inspectors when evaluating an operator's request to be issued Federal Aviation Regulations (FAR) Part 135 air ambulance service operations specifications.

C. Section 3 contains special operational procedures pertaining to FAR Part 135 air ambulance helicopter or airplane services.

D. Section 4 contains guidance to be used by inspectors when evaluating a FAR Part 135 operator's air ambulance training program.

1336. BACKGROUND.

A. The association between aviation and the medical professions has formed a sophisticated system of life-sustaining care for ill or injured passengers during air transportation. Air ambulance operators have met the public need and demand for such services by equipping aircraft specifically for this purpose.

Flight Standards Service in consultation with air ambulance operators, medical care providers, and other industry organizations, has created specific operations specifications paragraphs to clarify the means these operators will use to comply with safety and regulatory requirements while conducting air ambulance operations:

NOTE: Situations will arise where a bona fide medical emergency exists and no air carrier with an air ambulance authorization is reasonably available. An air carrier without an air ambulance authorization may conduct an air ambulance operation to save a human life. That operator must file a report with the local flight standards district office (FSDO) within 10 days as required by FAR § 135.19. The FSDO must investigate the circumstances and determine if an actual emergency appeared to exist at the time of the operation. If not, enforcement action should be taken. Repeated air ambulance operations by an operator without an air ambulance authorization should be determined as holding out to the public to conduct an operation prohibited by its operations specifications.

B. The operations specifications that were effective in June 1992 defined air ambulance service solely in terms of medical equipment carried on board the aircraft. This created interpretation differences within the Federal Aviation Administration (FAA) and misunderstandings in the aviation community. The new operations specifications consider medical equipment, medical personnel, and patient needs in determining what constitutes an air ambulance operation.

1337. DEFINITIONS. The following terms are defined according to their use in this handbook:

A. *Medical Personnel.* Persons with medical training who are assigned to provide medical care during flight.

B. *Air Ambulance.* An aircraft used in air ambulance operations. The aircraft must be equipped with at least medical oxygen, suction, and a stretcher, isolette, or other approved patient restraint/containment device. The aircraft need not be used exclusively as an air ambulance aircraft, and the equipment need not be permanently installed.

C. Air Ambulance Operations.

(1) Air transportation of a person with a health condition that requires medical personnel as determined by a health care provider; or

(2) Holding out to the public as willing to provide air transportation to a person with a health condition that requires medical personnel including, but not limited to, advertising, solicitation, association with a hospital or medical care provider

D. *Local Flying Area.* An area designated by the operator in which air ambulance services will be conducted. Each local flying area should be defined in a manner acceptable to the operator, the local FSDO, and the POI, taking into account the operating environment and geographic terrain features and capabilities of the aircraft.

E. *Emergency Medical Service (EMS).* The term “emergency medical service” has been replaced with the term “air ambulance operations.”

F. *Response Scene.* The accident location to which an air ambulance has been dispatched for an air ambulance flight.

1339. OVERVIEW OF HELICOPTER AIR AMBULANCE SERVICES. Helicopter air ambulance operations have complexities not found in airplane air ambulance operations. This paragraph provides a general overview of some of those complexities, but details are contained in the appropriate paragraphs in this section.

A. *Paragraph A21a Authorizations.* Paragraph A21a of the operations specifications authorizes air ambulance helicopter service for hospital-to-hospital patient transfer work, accident scene work, and other offsite (unimproved site) work. A trend of weather-related accidents during aeromedical operations resulted in the inclusion of weather limitations for visual flight rules (VFR) flight with these operations specifications (see volume 3, chapter 1, section 1, of this handbook for additional background information on operations specifications). Paragraph A21a grants latitude to a helicopter operator for landing site selection as well as the authority to land on appropriate sites during both day and night in air ambulance operations.

(1) *Higher Minimums.* The authorization to conduct helicopter air ambulance operations is based on the operator’s using higher ceiling and visibility minimums in uncontrolled airspace than is required for conventional FAR Part 135 operations.

(2) *Night Landings.* Night landings at unimproved sites are permitted with adequate lighting for

the pilot to identify the landing site and surrounding hazards.

NOTE: “Adequate” lighting is lighting that allows a helicopter pilot to conduct a safe approach and landing during conditions of darkness while avoiding terrain and obstacles. The source of this lighting may be on the helicopter or on the surface and includes the possibility of automobile lights being used to illuminate the landing site. Pyrotechnic road hazard flares are not recommended for marking the touchdown area

(3) *Local Flying Area.* The operator must define a local flying area for each base of operation and the description of the area, or a reference to the appropriate GOM page must be entered in operations specifications paragraph A21a. The approval of each local flying area must be coordinated by the POI with each local FSDO and may not necessarily be symmetrical.

NOTE: The size of the local area should be that which an operator could service adequately with a helicopter, taking into account the terrain features, obstacles, and capabilities of the helicopter. The descriptions in an operator’s operations specifications should be clear and specific.

B. *Instrument Flight Rules (IFR) and VFR Requirements.* Operators of helicopter air ambulance operations must comply with the following requirements for IFR and VFR:

(1) *IFR Operations.* POI’s of helicopter air ambulance operators conducting IFR operations should carefully evaluate the operator’s procedures, training and qualification program, and the operating environment before granting the operator the authority to conduct single-pilot IFR operations with an autopilot.

(2) *VFR Operations.* When conducting VFR flight, the operator must comply with the weather minimums as specified in paragraph A21a. Operator requests for lower VFR minimums than specified in paragraph A21a must be coordinated with AFS-250 through the regional flight standards division (RFSD).

(3) *Training for Stress-Related Issues.* Flightcrews may experience high stress levels in air ambulance service operations due to the potential urgency for responding to emergencies related to preserving human life. POI’s should ensure that operators give adequate attention to crew resource management (CRM) training to prevent inappropriate actions and decisions during periods of stress. One acceptable means operators may use to guard against inappropriate decisions is to require that the medical crew and

the PIC agree that the flight can be safely initiated and continued under the present conditions.

C. *Flight and Rest Time.* Operators may choose to schedule crews under one of several rules. In some cases, operators may conduct operations at different locations under different rules. The operator's GOM must contain the specific method to be used and how records are to be kept to show compliance with the rule used. POI's shall add a statement to paragraph A21a of the operator's operations specifications that identifies the specific section of the operator's GOM containing these procedures.

1341. OVERVIEW OF AIRPLANE AIR AMBULANCE SERVICES. This paragraph provides a general overview of airplane air ambulance operations, but details are contained in the appropriate paragraphs in this section.

A. *Paragraph A21b.* Airplane air ambulance operations do not differ significantly from other types of airplane air carrier operations. Operations specifications paragraph A21b specifies operational requirements and grants the operator authorization of air ambulance—airplane service.

B. *IFR Training.* POI's should encourage air ambulance operators to qualify all flightcrews to conduct IFR operations even though some operators may be VFR only. Conduct of an instrument approach is mandatory for VFR operators as an emergency procedure during proficiency checks under FAR § 135.293.

C. *Training for Stress-Related Issues.* See subparagraph 1339B(3).

1343. OPERATORS REQUIRING AIR AMBULANCE OPERATIONS SPECIFICATIONS.

A. *Regulatory Requirements.* An air ambulance operator must comply with all requirements of the FAR Part under which the operator is certified. Air ambulance operators are not exempt from any requirement of the FAR by reason of conducting air ambulance operations. To ensure industry standardization and a clear understanding between the FAA and air ambulance operators, operations specifications paragraphs A21a and A21b contain the specific means by which air ambulance operators can comply with the FAR. Some of these rules are as follows:

(1) *Certification Under a FAR Part.* Special Federal Aviation Regulation (SFAR) 38-2 specifies the FAR Part used to certify an operator based on the type and size of aircraft the certificate holder operates. An air ambulance operator must be certified under either FAR Part 121 or FAR Part 135 and comply with all provisions of the Part under which the operator is certified. The carriage of a person or per-

sons requiring medical personnel and/or medical equipment on a scheduled air carrier, under FAR Parts 121 or 135, does not constitute air ambulance operations. However, a scheduled air carrier who transports a person or persons requiring medical personnel and/or equipment on an unscheduled flight (charter) is engaged in air ambulance operations. All helicopter operations must be conducted under FAR Part 135.

(2) *Certification Under FAR Part 121.* At the time of this writing, the majority of air ambulance operations are conducted under FAR Part 135. The information, direction, and guidance contained in this chapter applies to operations under FAR Part 135. If an operator requests air ambulance operations specifications with an airplane requiring operations under FAR Part 121, the POI receiving that request should contact AFS-200 through the applicable RFSD for direction and guidance.

B. *Advertising.* According to FAR § 135.31, an operator may not advertise or conduct operations that are not authorized by the operator's operating certificate and operations specifications. An operator without an air ambulance authorization is specifically prohibited, in paragraph A4 of the operations specifications, from conducting air ambulance operations.

C. *Operators Requiring Air Ambulance Operations Specifications Paragraphs.* All operators are initially prohibited from conducting air ambulance operations by paragraph A4 of their operations specifications. Those who desire to advertise and/or conduct air ambulance operations must have the prohibition removed by issuance of the appropriate air ambulance operations specifications paragraph. Operators holding FAR Part 135 operations specifications without paragraphs A21a or A21b may transport medical personnel as passengers who are accompanying a sick or injured person, but must meet the following requirements:

(1) They may not advertise air ambulance or in-flight patient care services.

(2) Any in-flight patient care equipment and medical personnel that accompany the passenger must be provided solely for the patient's comfort. If any medical care provider has determined that the medical personnel are required for the patient's safety, the flight is an air ambulance operation.

NOTE: When a life-threatening situation exists, a pilot-in-command (PIC) may exercise the PIC's emergency authority in accordance with FAR § 91.3, § 121.557, or § 135.19 to conduct air ambulance operations. The PIC who takes such action must report that action to the appropriate FSDO within 10 days. The

inspector investigating such a report should first determine whether the information available to the operator and PIC at the time the flight began indicated that a life-threatening emergency existed. Then the inspector should determine that a suitably equipped air ambulance was not reasonably available within the time acceptable to the requesting medical care provider.

1345. FAA POLICY REGARDING “COMPENSATION OR HIRE” CONSIDERATIONS FOR CHARITABLE FLIGHTS OR LIFE FLIGHTS.

Various organizations and pilots are conducting flights that are characterized as “volunteer,” “charity,” or “humanitarian.” These flights are referred to by numerous generic names, including “lifeline flights,” “life flights,” “mercy flights,” and “angel flights.” These types of flights will be referred to as “life flights” in this section.

A. *Purposes for Life Flights.* The types of organizations and pilots involved with or conducting life flights vary greatly. The most common purpose

of life flights is to transport ill or injured persons who cannot financially afford commercial transport to appropriate medical treatment facilities, or to transport blood or human organs. Other “compassionate flights” include transporting a child to visit with a dying relative, or transporting a dying patient to return to the city of the patient’s birth.

B. *FAA Policy.* The FAA’s policy supports “truly humanitarian efforts” to provide life flights to needy persons (including “compassionate flights”). This also includes flights involving the transfer of blood and human organs. Since Congress has specifically provided for the tax deductibility of some costs of charitable acts, the FAA will not treat charitable deductions of such costs, standing alone, as constituting “compensation or hire” for the purpose of enforcement of FAR § 61.118 or FAR Part 135. Inspectors should not treat the tax deductibility of costs as constituting “compensation or hire” when the flights are conducted for humanitarian purposes.

1346. -1354. RESERVED.

[PAGES 4-763 THROUGH 4-774 RESERVED]